



Carla N. Wyckoff  
Lake County Clerk

18 North County Street  
Waukegan Illinois 60085  
847.377.2411  
LakeCountyClerk.info  
M - Th 8:30 a.m. – 5:00 p.m.  
Fri 8:30 a.m. – 7:00 p.m.\*  
\*5 p.m. if Fri. before holiday

## BIRTH RECORD REQUEST

*Valid identification required. See list to the right.*

**\$10.00** for a certified copy.

**\$4.00** for each additional certified copy of same record issued at same time.

**\$4.00** for a non-certified copy stamped “for genealogical purposes” (*available only if the record is at least 75 years old.*)

**Individual Named on Birth Record** (*please print information and sign below*):

First Middle Last Name (at birth)

**Date of Birth:** \_\_\_\_\_ **Quantity:** \_\_\_\_\_

**Place of Birth (City or Village):** \_\_\_\_\_

**Father/Co-Parent’s Maiden Name:**

First Middle Last (*prior to first marriage/civil union*)

**Mother/Co-Parent’s Maiden Name:**

First Middle Last (*prior to first marriage/civil union*)

**Intended use:** \_\_\_\_\_

**Person requesting record** (*check appropriate box*):

- ☐ Individual named on record (*you must be 18 years or older*)  
☐ Parent, Legal Guardian, or Legal Representative (*circle relationship*)  
☐ Genealogist (*record must be at least 75 years old*)

**Your Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

I do hereby attest that as the individual requesting this record, I am legally entitled to a certified copy or a non-certified copy (if applicable) of this record either personally being of age; as a parent, guardian, legal representative, or agent of the person whose record I am requesting; as having a qualified genealogical or property right interest; or because I am otherwise entitled to the record according to the Illinois Compiled Statutes (410 ILCS 535/25). I acknowledge that an individual who commits fraudulent use of a vital record is guilty of a Class 4 Felony, punishable by up to three years imprisonment.

OFFICE USE ONLY

**Signature:** \_\_\_\_\_

## Acceptable Forms of Identification

Must provide one (1) valid U.S. identification document

- Driver’s license
- State identification card
- Passport
- Military identification card (with signature)

If you do not have any of the above forms of identification, you must present **two (2) pieces** of the following documentation:

- Social Security Card with signature
- Certified copy of voter registration record
- Employee ID Card with photo and signature
- School ID Card with photo and signature
- Township ID Card with signature
- Certified copy of a birth certificate  
*Certified English translation required for foreign certificates*
- U.S. original naturalization papers
- A valid foreign passport
- A valid U.S. resident alien card
- A valid consulate identification card
- A valid U.S. visa with photo and signature

**Affidavits or expired documents** are **not** acceptable.

## Requesting a record by mail:

1. Complete all information on the request form.
2. Sign on the signature line.
3. Make legible photocopy of your identification (both sides.)
4. Write check or money order payable to “**Lake County Clerk.**”
5. Include a large, self-addressed, stamped envelope.
6. Mail all items to:  
Lake County Clerk  
Attn: Vital Records  
18 North County Street, Room 101  
Waukegan, IL 60085